## PART B - FEE(S) TRANSMITTAL

Compute and sead	this form, together w	s form, together with applicable fee(s), to: <u>Mail</u> or <u>Fax</u>				P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885			
indicated unless to the steel	In should be used for transpondence including the below or directed otherwise	esmitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and Prders and notif a) specifying a	UBLICATI ication of n new corres	ON FEE (if requinaintenance fees waspondence address;	red). Blocks vill be mailed and/or (b) in	1 through 5 sl to the current dicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
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Joe A Brock II E Martine Penilla & Suite 170		I he State	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
710 Lakeway Driv					Melizda 1	M. Wazd	7	(Depositor's name)	
Sunnyvale, CA 94085					lelled -		(Signature)		
•			•		July 19.	2006		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE				ATTORNEY I	OOCKET NO.	CONFIRMATION NO.	
09/687,699	Shing Mark Lin			ADA	PP171	7677			
09/687,699 10/12/2000 Shing Mark Lin ADAPPT/1 /67/ TITLE OF INVENTION: METHOD AND APPARATUS FOR DEVICE DISCOVERY 07/25/2006 CNGUYENI 00000036 09687699									
					01 FC:1 02 FC:0	1501 8001		1400.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE F	SSUE FEE		CATION FEE	TOTAL FI	EE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	400		\$0	\$1	100	. 08/03/2006	
EXAMINER ART U			IIT CLASS-SUBCLASS						
HUYNH, KIM T 211			:	710-100000					
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT	(print or ty	pe)				
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	an assignee is identified be 37 CFR 3.11. Completion	data will appear on the patent. If an assignce is identified below, the document has been filed for a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Adaptec, Inc. Milpitas									
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	tent) :	Individual EXC	orporation or o	other private gr	oup entity Government	
4a. The following fcc(s) are enclosed:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s):  XA check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _50-0805 (enclose an extra copy of this form).						
5. Change in Entity Status  a. Applicant claims S	ınt is no lon	(ADAPP17 ger claiming SMA	1) LL ENTITY s	tatus. See 37 C	FR 1.27(g)(2).				
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Authorized Signature	Milas	Dep	cd_			uly 19,		<del></del>	
Typed or printed name _	Michael L. G				_	No44	•	· · · · · · · · · · · · · · · · · · ·	
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